

# Gift to Agency Report

# A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California Form 801</b> For Official Use Only
California Health Benefit Exchange			
Division, Department, or Region (if applicable)			
Street Address			
560 J St., Suite 270, Sacramento, CA 95814			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (explain in comment section)  Date of Original Filing: _____ (month, day, year)	
916-323-3502	info@hbex.ca.gov		
Agency Contact (name and title)			
Gabriel Ravel, Attorney			

## 2. Donor Name and Address

<input type="checkbox"/> Individual	Last Name			First Name	<input checked="" type="checkbox"/> Other	Insure The Uninsured Project (ITUP)	
2444 Wilshire Blvd., Suite 412		Santa Monica		CA	90403		
Address		City		State	Zip Code		

ITUP is a 501(c)(3) nonprofit to promote new approaches to expand health care and coverage for California's uninsured  
 If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Name	\$	Amount	Name	\$	Amount
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## 3. Payment Information

Date and Amount of Payment (other than travel) 02/04/2013 \$ 250.00  
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel \_\_\_\_\_

Date(s) of Travel	\$	Transportation Expenses	\$	Lodging Expenses	\$	Meal Expenses	\$	Other Expenses	\$	Total Expenses
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### Provide a specific description of the nature and use of the payment for official agency business:


For five staff members, selected by Peter Lee, Executive Director of the California Health Benefit Exchange, to attend the ITUP Awards Dinner, at no cost to them (\$50 value), where the Exchange was being honored by ITUP for its critical contributions made toward health reform implementation and expanding health insurance coverage in California.

### Identify the officials for whom the payment was used:

See Attached			
Last Name	First Name	Title	Department/Division
Last Name	First Name	Title	Department/Division

## 4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

	Peter V. Lee	Executive Director	3/5/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information.)

<b>Last Name</b>	<b>First Name</b>	<b>Title</b>	<b>Department</b>
Rosen	Andrea	Interim Director	Plan Management
Lujan	Michael	Director	SHOP
Panush	David	Director	External Affairs
Thomas	Becky	Staff	SHOP
Maxwell-Jolly	David	Deputy Director	